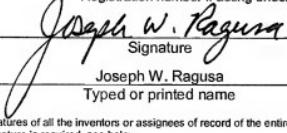


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>X2007.0147</b>		
Application Number	10/736,618-Conf. #4069	Filed <b>December 17, 2003</b>		
For <b>SURFACE MOUNT CHIP PACKAGE</b>				
Art Unit	2814	Examiner <b>D. P. Nguyen</b>		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<b>Fee</b> <b>\$120</b>	<b>Small Entity Fee</b> <b>\$60</b>	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	<b>\$450</b>	<b>\$225</b>	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	<b>\$1020</b>	<b>\$510</b>	<b>\$ 1,020.00</b>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	<b>\$1590</b>	<b>\$795</b>	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	<b>\$2160</b>	<b>\$1080</b>	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u> .				
I am the	<input type="checkbox"/>	applicant/inventor.		
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input type="checkbox"/>	attorney or agent of record. Registration Number _____		
	<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	<u>38,586</u>	
 <u>Joseph W. Ragusa</u> Signature			April 16, 2007 Date	
<u>Joseph W. Ragusa</u> Typed or printed name			(212) 277-6584 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of	<u>1</u>	forms are submitted.	